

6TL0BC3B4H  
20-05635

WISCONSIN MOTOR VEHICLE  
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

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Document Number Override		Primary Crash Document #	Agency Crash Number <b>20-05635</b>	Investigating Officer/Deputy <b>DEPUTY W. VERTEIN</b>	
Crash Date <b>06/13/2020</b>		Crash Time <b>10:56 AM</b>	Date Arrived <b>06/13/2020</b>	Time Arrived <b>10:59 AM</b>	
Date Notified <b>06/13/2020</b>		Time Notified <b>10:57 AM</b>	Total Units <b>02</b>	Total Injured <b>01</b>	Total Killed <b>00</b>
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related <b>NO</b>		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type <b>DT4000 (STANDARD CRASH)</b>		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

<p>Diagram</p> <p>Motorcycle is unit #1 Tractor is unit #2</p> <p>Not to Scale</p>	Reconstruction By
	Photos By <b>DEPUTY W. VERTEIN #9122</b>
	Additional Information <b>PHOTOS</b>

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

ON THE DESCRIBED DATE, TIME, AND LOCATION, UNITS 1 AND 2 WERE TRAVELING WESTBOUND. AS UNIT 2 WAS ATTEMPTING TO MAKE A LEFT TURN, UNIT 1 ATTEMPTED TO PASS UNIT 2 ON THE LEFT. THE OPERATOR OF UNIT 1 BRAKED CAUSING TIRE MARKS ON THE ROADWAY AND LOST CONTROL. UNIT 1 STRUCK UNIT 2. THE OPERATOR OF UNIT 1 WAS EJECTED. THE OPERATOR OF UNIT 1 WAS TRANSFERRED TO MADISON VIA MED-FLIGHT.

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Location

Table with location details: ON STH60 WB 65 FT E OF RAINBOW RD IN THE TOWN OF SPRING GREEN IN SAUK COUNTY. Includes Latitude (43.190023253), Longitude (-90.038997004), X Coordinate (253053.578125), Y Coordinate (4786401.5), and Structure Type (NO STRUCTURE).

Crash Scene

Table with crash scene details: First Harmful Event (MOTOR VEH IN TRANSPORT), Manner of Collision (01 - ANGLE), Road Surface Condition (DRY), Environment Factor (NONE), Weather Condition (CLEAR), Animal Type, Crash Classification (PUBLIC PROPERTY), and Intersection Type (T-INTERSECTION).

Unit Summary

Table with unit summary details: Unit Status (IN TRANSIT), Vehicle Type (MOTORCYCLE), Total Occs (1), Direction of Travel (WESTBOUND), Most Harmful Event (MOTOR VEH IN TRANSPORT), and Traffic Way (TWO-WAY, NOT DIVIDED).

Table with vehicle details: License Plate Number (5989Z), Vehicle Identification Number (1HD1KBM16DB689953), Color (BLK - BLACK), and Vehicle Damage (15 - ALL AREAS).

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UNIT VEHICLE	Towed Due To Damage <b>TOWED DUE TO DISABLING DAMAGE</b>		Vehicle Removed By <b>GEORGES AUTO BODY</b>	
	What Driver Was Doing <b>OVERTAKE LEFT</b>		Vehicle Factors	
	Driver Prior Action Other		<b>NOT APPLICABLE</b>	
	Driver Actions <b>IMPROPER OVERTAKING / PASSING LEFT</b>			
01 01	Owner Name <b>ANN M DECORAH (920) 362-7353</b>		Owner Address <b>915 DUNN ST PORTAGE, WI 53901 , US</b>	
	<b>Sequence Of Events</b>			
01 02 03 04	Event <b>CROSS CENTERLINE</b>			
	Event <b>MOTOR VEH IN TRANSPORT</b>			
	Event <b>OVERTURN/ROLLOVER</b>			
	Event			
UNIT	<b>Policy Holder</b>			
	Insurance Company <b>STATE-FARM-GENERAL-INS-CO</b>		Individual <b>ANN DECORAH</b>	
UNIT INDIVIDUAL	<b>Individual</b>			
	Driver <b>ANN M DECORAH (920) 362-7353</b>		Citations Issued <b>0</b>	Sex <b>FEMALE</b>
	Address <b>915 DUNN ST PORTAGE, WI 53901 , US</b>		Date of Birth	Race <b>WHITE</b>
	Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>			
01 001	<b>Safety Equipment</b>		On Duty Crash	
	Row <b>01 - FRONT ROW</b>		Seat Position <b>07 - LEFT</b>	
	Protective Gear <b>BOOTS, JACKET, LONG PANTS</b>			
	Helmet Use <b>NO</b>		Helmet Compliance <b>UNKNOWN</b>	
	Eye Protection <b>YES: WORN AND WINDSHIELD</b>		Tint Compliance <b>UNKNOWN</b>	
	<b>Injury</b>		Injury Severity <b>SUSPECTED SERIOUS INJUR</b>	
	Airbag <b>NOT APPLICABLE</b>			
	Ejected <b>NOT APPLICABLE</b>		Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	
Trapped/Extricated <b>NOT TRAPPED</b>				
Medical Transport <b>EMS AIR</b>		EMS Agency Identifier <b>6001285</b>		
EMS Run #				
Hospital <b>UW HEALTH-AMERICAN CENTER</b>		Date of Death		
Time of Death				
<b>Distracted By</b>		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
Distracted By Action <b>NOT DISTRACTED</b>				

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UNIT INDIVIDUAL 01 001
Non Motorist Striking Unit # Location
Prior Action
Action
Action Other To/From School
Drug & Alcohol Suspected Alcohol Use Suspected Drug Use
Alcohol Test Given TEST NOT GIVEN Alcohol Test Type Alcohol Test Results
Drug Test Given TEST NOT GIVEN Drug Test Type Drug Test Results
Drug Type
Individual Condition
APPEARED NORMAL

Unit Summary

UNIT 02
Unit Status IN TRANSIT Vehicle Operating As Classification O CLASS Unit Type EQUIPMENT
Vehicle Type FARM TRACTOR/SELF PROPELLED Operating As Endorsements
Total Occs 1 Train/Bus # Recorded Total # Citations Issued 0 Total Trailers 0 Total HazMat Types 0
Insurance? YES Direction Of Travel WESTBOUND Pre Crash Tire Mark Speed Limit 55 Total Lanes 2
Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT Special Function NO SPECIAL FUNCTION Emergency Motor Vehicle Use NOT APPLICABLE
Traffic Way TWO-WAY, NOT DIVIDED Traffic Control NO CONTROL Traffic Control Inoperative/Missing NO
Surface Type BLACKTOP (BITUMINOUS) Road Curvature STRAIGHT Road Grade LEVEL
Truck Bus or HazMat NO

UNIT 02 VEHICLE 02
Vehicle
License Plate Number Plate Type St Country of Issuance
Vehicle Identification Number YET038769 Make CSE Year 2014 Model 4430
Color RED - RED Body Style OT - OTHER Bus Use
Initial Contact Point 02 - RIGHT SIDE FRONT Vehicle Damage
Extent Of Damage MINOR DAMAGE 02 - RIGHT SIDE FRONT
Towed Due To Damage NOT TOWED Vehicle Removed By OPERATOR

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UNIT	VEHICLE	What Driver Was Doing <b>LEFT TURN</b>	Vehicle Factors	
		Driver Prior Action Other	<b>NOT APPLICABLE</b>	
02	02	Driver Actions <b>NO CONTRIBUTING ACTION</b>		
		Owner Name <b>INSIGHT FS (608) 588-4051</b>	Owner Address <b>212 E PETERSON ST SPRING GREEN, WI 53588 , US</b>	
<b>Sequence Of Events</b>				
UNIT	INDIVIDUAL	01	Event <b>LEFT TURN</b>	
		02	Event <b>MOTOR VEH IN TRANSPORT</b>	
		03	Event	
		04	Event	
<b>Policy Holder</b>				
UNIT	INDIVIDUAL	Insurance Company <b>SELF-INSURED</b>	Organization/Company <b>INSIGHT FS</b>	
		<b>Individual</b>		
02	002	Driver <b>NICHOLAS ROBERT YANKE (608) 459-0818</b>	Citations Issued <b>0</b>	Sex <b>MALE</b>
		Date of Birth		Race <b>WHITE</b>
02	002	Address <b>530 RAINBOW RD SPRING GREEN, WI 53588 , US</b>		Driver License Number <b>STATE: WISCONSIN COUNTRY: UNITED STATES</b>
		<b>Safety Equipment</b>	On Duty Crash	Safety Equipment <b>NONE USED - VEHICLE OCCUPANT</b>
02	002	Row <b>01 - FRONT ROW</b>	Seat Position <b>07 - LEFT</b>	
		Helmet Use		Helmet Compliance
02	002	Eye Protection		Tint Compliance
		<b>Injury</b>	Injury Severity <b>NO APPARENT INJURY</b>	Airbag <b>NON DEPLOYED</b>
02	002	Ejected <b>NOT EJECTED</b>	Ejection Path <b>NOT EJECTED/NOT APPLICABLE</b>	Trapped/Extricated <b>NOT TRAPPED</b>
		Medical Transport <b>NOT TRANSPORTED</b>		EMS Agency Identifier
02	002	Hospital		EMS Run #
		Date of Death		Time of Death
02	002	<b>Distracted By</b>		
		Distracted By Source <b>NOT APPLICABLE (NOT DISTRACTED)</b>		
02	002	Distracted By Action <b>NOT DISTRACTED</b>		
		<b>Non Motorist</b>	Striking Unit #	Location

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UNIT	INDIVIDUAL		
	Prior Action		
	Action		
	Action Other		To/From School
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>	Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type	Alcohol Test Results
	Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition <b>APPEARED NORMAL</b>		
	02	002	

**Witness**

WITN 01 ESS	Individual <b>JOLENE R COOPER</b> <b>(608) 669-7208</b>	Address <b>112 STRANGWAY AV</b> <b>LODI, WI 53555 , US</b>	Date of Birth